P. O. BOX 188

PESHTI GO 54157 Phone: (715) 582-39	62	Ownershi p:	Corporati on
Operated from 1/1 To 12/31 Days of Operatio	n: 365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	137	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	137	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	129	Average Daily Census:	121

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	% <u> </u>	Less Than 1 Year	45. 7
Supp. Home Care-Personal Care	No					1 - 4 Years	31. 0
Supp. Home Care-Household Services		Developmental Disabilities	1. 6	Under 65	6. 2	More Than 4 Years	23. 3
Day Services	No	Mental Illness (Org./Psy)	33. 3	65 - 74	10. 9		
Respite Care	Yes	Mental Illness (Other)	15. 5	75 - 84	41.9		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	35. 7	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0. 0	95 & 0ver	5.4	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0		(Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	0.8		100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	9. 3	65 & 0ver	93. 8		
Transportation	No	Cerebrovascul ar	7. 8	[']		RNs	10. 1
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	5. 2
Other Services	No	Respi ratory	6. 2		i	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	25. 6	Male	20.9	Aides, & Orderlies	34. 7
Mentally Ill	No			Femal e	79. 1		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther			Pri vate Pay			amily Care			anaged Care			
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	No.	%	Per Diem (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	1	1. 0	120	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	1	0.8
Skilled Care	5	100. 0	236	97	96. 0	103	0	0.0	0	23	100.0	139	0	0.0	0	0	0.0	0	125	96. 9
Intermediate				3	3. 0	86	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2. 3
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Total	5	100.0		101	100.0		0	0.0		23	100.0		0	0.0		0	0.0		129	100. 0

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons	, Services, a	nd Activities as of 12	/31/01
Deaths During Reporting Period	l	`					
		ľ		% Ne	edi ng		Total
Percent Admissions from:		Activities of	%	Assi st	ance of	% Totally	Number of
Private Home/No Home Health	9. 9	Daily Living (ADL)	Independent	One Or	Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.6	Bathi ng	2. 3	7	6. 7	20. 9	129
Other Nursing Homes	8. 1	Dressing	10. 9	5	8. 1	31. 0	129
Acute Care Hospitals	76. 2	Transferring	24. 8	6	52. 0	13. 2	129
Psych. HospMR/DD Facilities	3. 5	Toilet Use	18. 6	ϵ	34. 3	17. 1	129
Rehabilitation Hospitals	0.0	Eating	65. 1	2	0. 2	14. 7	129
Other Locations	1. 7	*************	******	*******	******	*******	*****
Total Number of Admissions	172	Continence		% Sp	ecial Treatme	nts	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	9. 3	Receiving Res	pi ratory Care	12. 4
Private Home/No Home Health	20. 7	Occ/Freq. Incontinent	of Bladder	48. 8	Recei vi ng Tra	cheostomy Care	1.6
Private Home/With Home Health	19. 5	Occ/Freq. Incontinent	of Bowel	31. 8	Recei vi ng Suc	ti oni ng	0.8
Other Nursing Homes	3. 0				Receiving Ost	omy Care	1. 6
Acute Care Hospitals	12.8	Mobility			Recei vi ng Tub	e Feedi ng	2. 3
Psych. HospMR/DD Facilities	1. 2	Physically Restrained	l	7. 0	Receiving Mec	hanically Altered Diets	s 44. 2
Rehabilitation Hospitals	0.0						
Other Locations	4. 3	Skin Care		0t	her Resident	Characteri sti cs	
Deaths	38. 4	With Pressure Sores			Have Advance	Di recti ves	95. 3
Total Number of Discharges		With Rashes		3.1 Me	edi cati ons		
(Including Deaths)	164				Receiving Psy	choactive Drugs	55. 8

************************************ Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	0wne		Ownershi p:			Li c	ensure:		
	Thi s	This Proprietary Facility Peer Group			- 199	Ski	lled	Al I	l
	Facility				Group	Peer	Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	88. 3	82. 5	1. 07	84. 1	1. 05	85. 8	1. 03	84. 6	1. 04
Current Residents from In-County	65. 1	74. 3	0. 88	79. 3	0. 82	69. 4	0. 94	77. 0	0. 85
Admissions from In-County, Still Residing	18. 6	19. 8	0. 94	25. 5	0. 73	23. 1	0. 80	20. 8	0. 89
Admissions/Average Daily Census	142. 1	148. 2	0. 96	110. 2	1. 29	105. 6	1. 35	128. 9	1. 10
Discharges/Average Daily Census	135. 5	146. 6	0. 92	110. 6	1. 23	105. 9	1. 28	130. 0	1. 04
Discharges To Private Residence/Average Daily Census	54 . 5	58. 2	0.94	41. 2	1. 33	38. 5	1.42	52. 8	1. 03
Residents Receiving Skilled Care	97. 7	92. 6	1.05	93. 8	1.04	89. 9	1.09	85. 3	1. 15
Residents Aged 65 and Older	93. 8	95. 1	0. 99	94. 1	1. 00	93. 3	1.01	87. 5	1. 07
Title 19 (Medicaid) Funded Residents	78. 3	66. 0	1. 19	66. 9	1. 17	69. 9	1. 12	68. 7	1. 14
Private Pay Funded Residents	17. 8	22. 2	0. 80	23. 1	0. 77	22. 2	0. 80	22. 0	0. 81
Developmentally Disabled Residents	1. 6	0. 8	2. 07	0. 6	2. 41	0. 8	2. 07	7. 6	0. 20
Mentally Ill Residents	48. 8	31. 4	1. 56	38. 7	1. 26	38. 5	1. 27	33. 8	1. 45
General Medical Service Residents	25. 6	23. 8	1. 07	21. 8	1. 18	21. 2	1. 20	19. 4	1. 32
Impaired ADL (Mean)	47. 8	46. 9	1. 02	48. 4	0. 99	46. 4	1. 03	49. 3	0. 97
Psychol ogi cal Problems	55. 8	47. 2	1. 18	51. 9	1.08	52. 6	1.06	51. 9	1. 08
Nursing Care Required (Mean)	9. 2	6. 7	1. 38	7. 5	1. 23	7.4	1. 24	7. 3	1. 25